

| CLAIMS ONLY | | | | | | | Application Number 10093662 | | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
| | | | | | | | Applicant(s) | | | |
| | | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | | | |
| 2 | | 1 | | | | | | | | |
| 3 | | 1 | | | | | | | | |
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| 7 | | 1 | | | | | | | | |
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| 10 | | 1 | | | | | | | | |
| 11 | | 1 | | | | | | | | |
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| 98 | | 1 | | | | | | | | |
| 99 | | 1 | | | | | | | | |
| 100 | | 1 | | | | | | | | |
| Total | | | | | | | | | | |
| Total Indep | 6 | | | | | | | | | |
| Total Depend | 98 | | | | | | | | | |
| Total Claims | 104 | | | | | | | | | |

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| CLAIMS ONLY | | | | | | | Application Number | | Filing Date | | |
|-------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
| 101 | | 1 | | | | | 51 | | | | |
| 102 | | | | | | | 52 | | | | |
| 103 | | 1 | | | | | 53 | | | | |
| 104 | | 1 | | | | | 54 | | | | |
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| 50 | | | | | | | 100 | | | | |
| Total | | | | | | | Total | | | | |
| Indep | | | | | | | Indep | | | | |
| Depend | | | | | | | Depend | | | | |
| Total | | | | | | | Total | | | | |
| Claims | | | | | | | Claims | | | | |

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